

MOZAMBIQUE

U.S. Agency for International Development (USAID)
Population, Health, and Nutrition Briefing Sheet

Country Profile

Following a brutal civil war that ended in 1992, Mozambique has made a successful transition to peace. The country is moving forward in a post-transition phase that has included demobilizing opposing armies, resettling almost five million displaced people and refugees, holding successful democratic elections, and installing a new government that is placing economic reform high on its political agenda. Despite these successes, Mozambique has a long road to travel in its development. Mozambique remains among the poorest countries in the world, with chronic malnutrition estimated to affect 30 to 40 percent of Mozambique's children. Roughly 60 percent of the population still lacks access to health services.

USAID Strategy

Both USAID and the Government of Mozambique are relying on community-led initiatives to expand access to adequate health care. USAID's partners are moving from a focus on emergency health services to sustained maternal and child health interventions. The USAID strategy is to improve and expand the low-cost, community-based health service delivery services developed through private voluntary organizations (PVOs) and bring them to newly resettled areas. USAID's family planning and health program is focusing on six Northcentral provinces that have an estimated population of 9.5 million, but many activities are nationwide in scope, particularly those in policy reform, family planning, and HIV/AIDS prevention. The USAID program is complemented by activities in democracy/governance, economic development, and humanitarian assistance under a food security initiative.

Major Program Areas

Improved Delivery of Essential Maternal and Child Health (MCH) Services. USAID/Mozambique supports improving and expanding public sector preventive services as well as those provided by PVOs and other nongovernmental organizations (NGOs). A very effective transition strategy has been using mobile teams and community health workers who are linked to fixed facil-

ities. USAID is also assisting the Ministry of Health (MOH) and provincial health directorates through special initiatives in malaria treatment and control, integrated management of childhood illness, prenatal care, and micronutrients.

Systems Strengthening and Policy Advocacy. USAID is supporting the development of improved and expanded systems for drug and contraceptive supplies, health care financing, management of decentralized health services, and national and local information systems. Policy reform activities strengthen the ability of decision-makers to analyze and plan for reproductive health and family planning, the importance of cost recovery in the public sector, and the need to liberalize the market for and distribution of imported pharmaceuticals.

HIV/AIDS Prevention. The mission is pursuing a nationwide HIV/AIDS prevention strategy with two major focus areas: the integration of HIV/sexually transmitted infection control into child survival programs and condom social marketing. The latter includes a substantial "behavior change communication" component to promote safer sex through mass media, theater groups, and community agents.

Results

- First-time MCH visits to MOH facilities in USAID's six-province focus area increased from 344,000 in 1994, to 382,000 in 1995, and 432,000 in 1996.
- The number of births assisted by trained personnel, largely through PVO partner efforts, in Manica Province increased from 1,250 to 4,200 over a threeyear period.
- Nearly 6,000 community health workers were trained through USAID-supported PVO programs between 1995 and 1997, including nearly 2,500 in 1997 alone.



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- Condom sales grew from 1 million in 1995, to 4
 million in 1996, and to 10 million in 1997, using
 social marketing techniques. Commercial sales outlets for condoms that were established through
 USAID's program also rose from 1,300 in 1996 to
 over 1,900 in 1997.
- A heightened awareness of how to prevent HIV/AIDS: In 18 months, the proportion of the population in the four pilot provinces who could state three ways to prevent HIV transmission increased from 17 to 68 percent.
- Increased use of condoms in higher-risk encounters: In areas where USAID supported pilot
 HIV/AIDS prevention activities, 34 percent of survey respondents reported using a condom with their last nonregular partner, a rate that was twice as high as the rate in nonpilot areas.

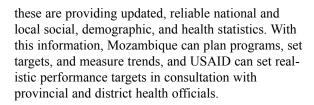
Success Stories

In rural Mozambique, where formal health services are still extremely limited, community-based approaches by USAID's PVO partners registered significant improvements in the use of MCH services in target areas. For example, through a World Vision project, a community-based network of "care groups" with over 1,500 volunteers helped achieve the following results:

- Prenatal consultation rates in two districts increased from 30 to 83 percent of pregnant women;
- Tetanus toxoid coverage among pregnant women rose from 37 to 65 percent;
- Among women of reproductive age, the use of modern contraceptive methods grew from 3 to 11 percent; and
- Among mothers with children suffering from diarrhea, the use of oral rehydration therapy rose from 37 to 80 percent.

These successful PVO programs are now being used as models to be replicated and expanded in Mozambique.

For the first time since Mozambique's independence, reliable data are available for health planners and policy makers. With USAID support, Mozambique completed its first national census in 20 years and its first national demographic and health survey (DHS);



Continuing Challenges

As Mozambique moves toward sustainable development and the USAID program matures, new emphasis areas have emerged. As health and family planning programs grow, there is an urgent need to assist Mozambique in human capacity development using innovative training programs. Also important are public sector reform initiatives, including decentralization, and the need for sector wide donor, government, and private sector program coordination.

With the 1996 DHS survey data and priority health areas identified, USAID is undertaking new initiatives in malaria prevention and control, prenatal care, and micronutrients, and will continue to promote an integrated approach to MCH care. USAID also plans to increase its promotion of family planning services and reproductive health training. And to keep the HIV/AIDS pandemic from reaching the devastating proportions found in neighboring countries, USAID



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